

MAR 17 2006

**ECKERT  
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## FACSIMILE

TO:	USPTO	
COMPANY:	Mail Stop Amendment	FAX NUMBER: 571-273-8300
	Commissioner for Patents	
DATE:	March 17, 2006	TIME: 3:10 PM
FROM:	Robert A. Diaz	DIRECT DIAL: 412-566-1920

TOTAL PAGES (including cover): 15

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Docket No. 291010-00036 RIM

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PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/825,972

Filing Date

April 16, 2004

First Named Inventor

Andrew Allen et al.

Art Unit

2683

Examiner Name

Muthuswamy G. Manoharan

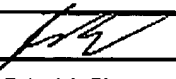
Attorney Docket Number

291010-00036

## ENCLOSURES (Check all that apply)

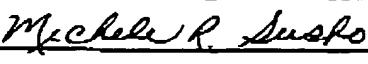
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Eckert Seamans Cherin & Mellott LLC		
Signature			
Printed name	Robert A. Diaz		
Date	March 17, 2006	Reg. No.	55,109

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Signature			
Typed or printed name	Michele R. Susko	Date	March 17, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

**Complete if Known**

Application Number	10/825,972
Filing Date	April 16, 2004
First Named Inventor	Andrew Allen et al.
Examiner Name	Muthuswamy G. Manoharan
Art Unit	2683
Attorney Docket No.	291010-00036

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 02-2556 Deposit Account Name: Eckert Seamans

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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33 - 20 or HP = 2 x 50 = \$100.00

HP = Highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = x =

HP = Highest number of Independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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360 180

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = / 50 = (round up to a whole number) x =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 55,108	Telephone 412-566-1920
Name (Print/Type)	Robert A. Diaz	Date March 17, 2006	

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